



What does the Department of Managed Health Care do?

The Department of Managed Health Care protects HMO patients by aggressively enforcing California's patients' rights laws, which are the most comprehensive in the nation. We have issued millions of dollars in fines and penalties against HMOs that violate the law. We also work to make the system healthier and more stable.

What does the California HMO Help Center do?

The Department of Managed Health Care's HMO Help Center assists California consumers with health care problems, provides referrals to community and other government organizations, and answers consumers' questions.

*The HMO Help Center
"has proven effective in resolving
consumer questions and complaints."*

The San Francisco Chronicle, 1-28-2001

The mission of the Department of Managed Health Care's HMO Help Center is to:

- ✦ Educate consumers on their health care rights.
- ✦ Ensure that consumers receive the medical care and services to which they are entitled.
- ✦ Ensure health plans appropriately address consumer complaints in a timely manner.



California HMO Help Center

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1-877-688-9891

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916-255-5241

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State of California
Arnold Schwarzenegger
Governor

**Independent
Medical Review**
Where doctors tell HMOs
what to do!



What is an Independent Medical Review (IMR)?

The Independent Medical Review program is a way for you to appeal denials of care by your HMO to doctors and other health professionals that are not part of your HMO.

In essence, IMRs are where doctors tell HMOs what to do. The Department of Managed Health Care's HMO Help Center operates this important and free program, so please call us if you think you need a case reviewed.

Who is eligible for an Independent Medical Review?

Californians enrolled in an HMO or other managed health care plans have the right to have certain HMO decisions reviewed by a medical expert outside of the patient's HMO or health plan.

Independent Medical Reviews provide an impartial review of medical decisions made by an HMO or health plan related to:

- + Services that are denied, delayed or modified by the HMO, the health plan or one of the providers that contracts with them because the service is not considered to be "medically necessary"
- + Denials of care for life-threatening or serious medical conditions because the treatment is considered to be experimental or investigational
- + Refusal to pay for emergency or urgent medical service



How much will an Independent Medical Review cost me?

Nothing! There are no fees associated with Independent Medical Review or any services provided by the HMO Help Center.

How long will an Independent Medical Review take?

Reviews generally are completed within 30 days. If there is an urgent medical need, we'll work to make sure it takes from 5 to 9 days.

How do the Independent Reviewers make a decision?

The reviewers are physicians and other medical professionals who have no financial interest in your HMO, health plan or doctor. Their decision is based solely on the medical issues involved in your case.

The reviewers consider your medical records, the HMO or health plan denial and grievance letters, supporting documentation from your physician, and other appropriate documents before making a decision.

What happens once there is a decision in the Independent Medical Review?

You and your HMO or health plan receive a copy of the decision and the Department will require your HMO or health plan to promptly and fully comply. The force of law is behind us, so if your HMO or health plan doesn't comply, notify us immediately so we can take action.

Who can access information about my medical condition or treatment?

The confidentiality of your medical records and name are protected under California law.

Only the HMO or health plan, the independent reviewers and some people within the Department have access to this information.

Who is *not* eligible for an Independent Medical Review?

- + **Medicare** beneficiaries must use the review process set up by Medicare. Contact Medicare at 1-800-633-4227.
- + **Medi-Cal** fee-for-service beneficiaries must use the State Fair Hearing process. Contact the Department of Social Services at 1-800-952-5253.
- + **Medi-Cal** managed care enrollees who have resolved their dispute through the Department of Health Services Fair Hearing process should contact the Department of Health Services Medi-Cal Managed Care Ombudsman at 1-888-452-8609.
- + **PPO enrollees**, except Blue Cross and Blue Shield, should contact the Department of Insurance at 1-800-927-HELP.
- + An enrollee disputing a **Worker's Compensation** claim should contact the Department of Industrial Relations at 1-800-736-7401.